

FILED  
MAR 18 2008 PM 2:52  
U.S. DISTRICT COURT  
SALINAS, CALIFORNIA

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name HOFFMAN PIERRE LEBON  
(Last) (First) (Initial)  
Prisoner Number P-22734  
Institutional Address SALINAS VALLEY STATE PRISON  
POB 1050 SOLEDAD, CALIFORNIA 93960

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

PIERRE LEBON HOFFMAN  
(Enter the full name of plaintiff in this action.)  
  
vs.  
DR. JOHN D. KASAWA  
RN DAN JEANS  
(Enter the full name of the defendant(s) in this action))

**CV 08 1501**  
Case No. 1501  
(To be provided by the clerk of court)  
**COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
42 U.S.C §§ 1983**  
**DEMAND TRIAL BY JURY**

*[All questions on this complaint form must be answered in order for your action to proceed.]*

**I. Exhaustion of Administrative Remedies**

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

- A. Place of present confinement SALINAS VALLEY STATE PRISON
- B. Is there a grievance procedure in this institution?  
YES (X) NO ( )
- C. Did you present the facts in your complaint for review through the grievance procedure?  
YES (X) NO ( )
- D. If your answer is YES, list the appeal number and the date and result of the

1 appeal at each level of review. If you did not pursue a certain level of appeal,  
2 explain why.

3 1. Informal appeal BY PASS LOG NUMBER: SVSP-A-07-04394

4  
5 2. First

6 formal level SVSP-A-07-04394 DUE DATE: NOVEMBER.20.2007  
7 (see attached declaration by plaintiff into why, the  
8 decided to reject plaintiff's staff complaint, even  
9 plaintiff filed his grievance timely.

10 3. Second formal level

11 N/A

12 4 Third

13 formal level N/A

14  
15 E. Is the last level to which you appealed the highest level of appeal available to  
16 you?

17 YES ( ) NO (x)

18 F. If you did not present your claim for review through the grievance procedure,  
19 explain why. (see attached declaration by plaintiff).

20  
21  
22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,  
24 if any.

25 PIERRE LEBON HOFFMAN P-22734

26 POB 1050, SOLEDAD, CALIFORNIA 93960

27  
28 B. Write the full name of each defendant, his or her official position, and his or her

1 place of employment.

2 DR. JOHN D. KASAWA (No Longer Working For The Department  
3 Of Corrections.)

4 RN DAN JEANS (SALINAS VALLEY STATE PRISON)  
5 \_\_\_\_\_

6 \_\_\_\_\_ III.

7 Statement of Claim

8 State here as briefly as possible the facts of your case. Be sure to describe how each  
9 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
10 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
11 separate numbered paragraph.

12 \_\_\_\_\_  
13 (see attached (602/grievance))  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
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21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_

25 IV. Relief

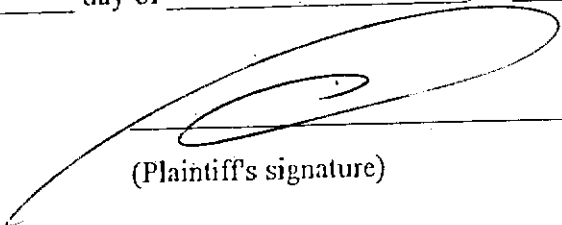
26 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
27 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.  
28 Compensatory & punitive damages for pain, suffering &

COMPLAINT

1 retaliation to plaintiff's lifetime bladder injury that  
2 it is distinct & palpable within the meaning of the  
3 ADA act of 1990, §2 et seq., 42 U.S.C.A §12101 et seq.  
4  
5  
6

7 I declare under penalty of perjury that the foregoing is true and correct.

8  
9 Signed this 15th day of March, 20 08

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12 (Plaintiff's signature)  
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PIERRE LEBON HOFFMAN P-22734  
S.V.S.P  
P.O.BOX 1050  
SOLEDAD, CA 93960-1050

In Pro Per

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

PIERRE L. HOFFMAN )  
Plaintiff, )  
v. )  
DR. JOHN D. KASAWA, )  
RN DAN JEANS, )  
Defendants. )

DECLARATION OF PLAINTIFF PIERRE LEBON HOFFMAN  
IN SUPPORT OF HIS STAFF COMPLAINT THAT WAS FILED TIMELY,  
PURSUANT TO TITLE 15 s.3391(b) BUT REJECTED BY  
THE APPEAL COORDINATOR'S OFFICE.

I, PIERRE LEBON HOFFMAN, do hereby depose & declare:

1.- To promote efficient dispute resolution, plaintiff  
resorted to the internal grievance procedure under Title  
15, s.3391(b) 'Employee Conduct' read as follows:

"Citizen's complaints alleging misconduct of a  
departmental peace officer shall be filed within  
twelve months of the alleged misconduct."

The procedure includes rapid filing and response  
time tables. In order to exhaust an administrative remedy  
a California inmate must navigate through four appeal  
stages:

Location: Institution/Parole/Region

Log Ne.

Category

2.

2

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

*Disproof conduct en jeans Dr Lee*

UNIT/ROOM NUMBER

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
HOFFMAN PIERRE L.	P-22734	Dr. Kaseva	A5-110

A. Describe Problem: On September.17.2007. DR.C.LEE. DR.K.KASAWA & RN DAN JEANS conspired to injure. oppress. threaten & intimidate I/M HOFFMAN by ordering RN DAN JEANS to ransack my cell & confiscate all my diapers. urinary bags. my medications. my surgical pads. etc... (all my weekly medical supplies) which were signed by physicians & endorsed by DR.C.LEE almost 18 months ago. RN D.JEANS comments where:"DR.LEE & DR.KASAWA. do not want ME to have excessive medical supplies." After RN D.JEANS finished ransacking my cell. he tooked all my medical

**If you need more space, attach one additional sheet.**

(Continue Next Page...)

1. That an investigation into WHY DR. LEE was engaged into the alleged conspiracy which depicts a cruelty of maltreatment by DR. KASAWA & RN DAN JEANS?; 2. That an investigation into WHY DR. LEE

RECEIVED OCT 05 2007

(Continue Next Page...)

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: 10.02.07

Date Submitted: 10.02.07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_) RET'D OCT 18 2007

Staff Response: \_\_\_\_\_

RECEIVED OCT 09 2007 2007

RECEIVED OCT 24 2007

RET'D OCT 23 2007

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**  
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

~~RET'D NOV 09 2007~~

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
CDC Appeal Number: \_\_\_\_\_

**Date Submitted:**

**CDC Appeal Number:**

**Signature: \_\_\_\_\_**  
**Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1 E, Inmate Claim**

10-5-07 reject as late ft only

Case 5:08-cv-01501-JW Document 1 Filed 03/18/2008 Page 7 of 17 Page 2 of 2  
TO: CCIT - APPEALS COORDINATOR  
FROM: I/M HOFFMAN P-22734 A5-110L (ADA/602/APPEAL/CONTINUES...)  
DATE: OCTOBER.2.2007  
SUBJECT: STAFF MISCONDUCT (DR.LEE, DR.KASAWA, RN DAN JEANS)

supplies to his office and at around 15:00pm I met with him & he told me the followings:"Per DR.LEE & DR.KASAWA, I am supposed to use one diaper per day & urinate over & over on it, no more weekly leg & bedtim urinary bags, only once a month & no chux pads, basically discontinued all my weekly medical supplies." RN D.JEANS continued to say: "that DR.LEE, DR.KASAWA & DR.BOWMAN will approve of his action to keep me without my regular weekly supplies & just give me one diaper per day & no more urinary bags & there is nothing I can do about it."(sic). On Tuesday, October.2.2007, LVN Sanchez distributed all the weekly medical supplies to all ADA inmates excluding me, because RN DAN JEANS ordered LVN SANCHEZ not to give them to me & he tooked from her. RN D.JEANS began tampering with my medical supplies & kept them in the medical office till 18:00pm. LVN J.IVY told me that he was instructed by RN D.JEANS to give me the following items only:" 7diapers, 2 bags(1.yellow&1.red), 1 sanitary wipes" and nothing else should I ask for any urinary bags. Since now I am forced to discharge urine on the same diaper over & over during the day knowing that I suffer from a disability called 'Neurogenic Bladder Dysfunction' & a 'chronic infection diseases', my urinary bags gets contaminated, & now my surgical wound won't be covered anymore because they discontinued my surgical pads, therefore, I am going to be exposed to more bacterial infections. my cell will be haphazard environment & a incubator for diseases not only my health, but the health of my cellmate & the health of all man & woman officers will be jeopardized & at high risk of catching a chronic disease. Dr.LEE & DR.KASAWA & RN D.JEANS' objective elements of retaliation not only physically barbarous punishments to I/M HOFFMAN, but also the infliction of "unnecessary suffering that is inconsistent with contemporary standards of decency." It is with clear & convincing evidence that the agreement for conspiracy between DR.LEE & KASAWA, is a tacit understanding & spelled out by RN DAN JEANS' conduct on (09.17 & 10.02.2007), with intent to injure, oppress, intimidate, harass & wrongfully prejudice I/M HOFFMAN. DR.LEE, DR.KASAWA & RN DAN JEANS are in violations of my liberty protected by the (Due Process Clause of the) Fourteenth Amendments, the elements of I/M HOFFMAN's First Amendment (Retaliation), the Eighth Amendment, 18 U.S.C.sec 241/242 (which speaks of conspiracies to prevent "the free exercise or enjoyment of any right or privilege secured to I/M HOFFMAN by the Constitution or laws of the United States) & the Americans With Disabilities Act (ADA) & The Rehabilitation Act(42 U.S.C.sec.12101 et seq.

ACTION REQUESTED (CONTINUES...)

allowing a hostile environment to exist on 'A' medical facility?:3. An investigation into WHY DR.KASAWA & RN DAN JEANS subjecting I/M HOFFMAN to cruel & unusual punishments & mistreatment by confiscating all the endorsed weekly medical supplies?:4.An investigation into WHY RN DAN JEANS maliciously & sadistically used his power to cause harm to I/M HOFFMAN? 5. To promptly re-instate I/M HOFFMAN's weekly medical supplies as it was endorsed previously:6. to remove the discontinuation chrono from I/M HOFFMAN's medical file.

END

P.s: Rights & Responsibility Statement Form Signed, & Dated Is Attached



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR  
ACCOMMODATION REQUEST**  
 CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY: 18. ADA
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DPP Code is DPO

**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

*In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.*

*Converted from ADA to CDC 1824  
See attachment  
10-507*

INMATE/PAROLEE'S NAME (PRINT) HOFFMAN, PIERRE L.	CDC NUMBER P-22734	ASSIGNMENT	HOURS/WATCH	HOUSING A5-110L
---	-----------------------	------------	-------------	--------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**
**DESCRIPTION OF DISABILITY:**

NEUROGENIC BLADDER DYSFUNCTION &amp; CHF.

**WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?**

SEE MEDICAL FILE

**DESCRIBE THE PROBLEM:**

SEE CDC 602 GRIEVANCE APPEAL

**WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?**

SEE CDC 602 GRIEVANCE APPEAL

INMATE/PAROLEE'S SIGNATURE

 OCTOBER.2.2007  
 DATE SIGNED



STATE OF CALIFORNIA  
**RIGHTS AND RESPONSIBILITY STATEMENT**  
 CDCR 1858 (Rev. 10/06)


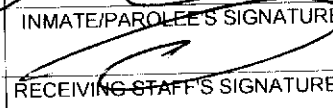
DEPARTMENT OF CORRECTIONS AND REHABILITATION

## RIGHTS AND RESPONSIBILITY STATEMENT

*The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.*

**Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:**

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

COMPLAINANT'S PRINTED NAME HOFFMAN, PIERRE L.	COMPLAINANT'S SIGNATURE 	DATE SIGNED OCTOBER.2.2007
INMATE/PAROLEE PRINTED NAME HOFFMAN, PIERRE L.	INMATE/PAROLEE'S SIGNATURE 	CDC NUMBER P-22734
		DATE SIGNED 10.02.2007
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED

**DISTRIBUTION:**

ORIGINAL -  
 Public - Institution Head/Parole Administrator  
 Inmate/Parolee - Attach to CDC form 602  
 Employee - Institution Head/Parole Administrator  
 COPY - Complainant

# INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE HOFFMAN, P22734  
Current Housing: A5-110

Date: October 17, 2007

From: **INMATE APPEALS OFFICE**

Re: APPEAL LOG NUMBER: SVSP-A-07-04394

ASSIGNED STAFF REVIEWER: **CTC**  
APPEAL ISSUE: STAFF COMPLAINTS

**DUE DATE: 11/20/2007**

Inmate HOFFMAN, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

T. VARIZ, CC-II / E. MEDINA CC-II  
Appeals Coordinators  
Salinas Valley State Prison

## INMATE / PAROLEE APPEAL SCREENING FORM

CDCR-695

INMATE:

Hoffman

CDC #:

P22734

CDC HOUSING:

AS-110

**THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.**

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

- |  |  |
|--|--|
| <input type="checkbox"/> Requested Action Already Taken                                      | <input type="checkbox"/> Requested Appeal Withdrawn                          |
| <input type="checkbox"/> Duplicate Appeal; Same Issue  | <input type="checkbox"/> Appeal Previously Received and Processed            |
| <input type="checkbox"/> Appealing Action Not Yet Taken                                      | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section  |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached                          | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section  |
| <input checked="" type="checkbox"/> Time Constraints Not Met <u>10/19/07</u> <u>06/24/07</u> | <input type="checkbox"/> Limit of One Continuation Page May Be Attached      |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate                           | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements                     | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents*     |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated                          | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)*    |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR                                 | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage           |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week    |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office                              | <input type="checkbox"/> Attempting to Change Original Appeal Issue          |
| <input type="checkbox"/> Appeal Matter to VCGCB  | <input type="checkbox"/> Not Authorized to Bypass Any Level                  |
| <input type="checkbox"/> DRB Decisions Are Not Appealable                                    | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824    |
| <input type="checkbox"/> Request for Interview; Not an Appeal                                | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues   |
| <input type="checkbox"/> More than one issue –one issue per appeal                           |  |
| <input type="checkbox"/> NO ATTEMPT AT INFORMAL RESOLVE                                      | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7                  |
- [ ] Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call.**

**PLEASE ATTACH AS NOTED BELOW:**

- |  |  |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results     | <input type="checkbox"/> CDC 128C Medical Chrono           |
| <input type="checkbox"/> CDC 115 with IE/DA information        | <input type="checkbox"/> CDC 1819 Denied Publications      |
| <input type="checkbox"/> Supplemental Reports to CDC 115       | <input type="checkbox"/> CDC 128 A                         |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure      | <input type="checkbox"/> CDC 128 B                         |
| <input type="checkbox"/> CDC 114D Lockup Order                 | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC                      | <input type="checkbox"/> Cell Search Slip                  |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono       | <input type="checkbox"/> Receipts                          |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip          |
| <input type="checkbox"/> CDC 7219 Medical Report               | <input type="checkbox"/> Trust Account Statement           |
| <input type="checkbox"/> Other: <b>SEE COMMENTS BELOW</b>      | <input type="checkbox"/> Property Inventory Receipt        |

10/24/07  
time constraints  
act not  
Appeal cancelled

**Comments:** You may write on back of this form to clarify or respond to the above.

rejected AS late

RECEIVED OCT 24 2007

T. Variz  
T. Variz, Correctional Counselor-II  
Appeals Coordinator  
Salinas Valley State Prison

RET'D OCT 23 2007

RET'D OCT 18 2007

Date:

10.5.07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – **do not write any more on the appeal itself.** Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

TO: CCII - APPEALS COORDINATOR  
FROM: I/M HOFFMAN, P. P-22734 A5-110L  
DATE: OCTOBER.18.2007  
SUBJECT: LOG NO. SVSP-A-07-04394

Dear Sir/Madam,

You have rejected my 602 grievance misconduct's appeal against Dr.Lee, Dr.Kasawa & RN Jeans claiming that 'Time Constraints are not met', therefore you are rejecting my claim.

I am attaching a chrono signed by DR.LEE on (09.19.07) supporting Dr.Kasawa & Rn Jeans' retaliation actions against me on (09.17.07). Dr.LEE's approval was dated (09.19.07) which gives me 15 days from that date to file my grievance which will be (10.04.2007). I have signed & mailed timely my grievance on (10.02.2007).

I have demonstrated to you in a prima facie showing that I am within the guidelines to the 15 day rule to file my grievance misconduct's appeal. Would you please re-activate my claim accordingly.

I am looking forward to hear from you soon.

Respectfully requested,

  
PIERRE L. HOFFMAN

cc

- a. Informal level;
- b. First Formal Level;
- c. Second Format Level;
- d. Third "DRB" Format Level.

2.- As required under California Law, plaintiff filed his 602/grievance appeal on October.2.2007, (see EXHIBIT (602/GRIEVANCE));

3.- On October 17th, 2007, the appeal's coordinator informed plaintiff that his grievance appeal was accepted for processing, a log number was issued (SVSP-A-07-04394) & a due date for respondent to answer to plaintiff's staff complaint by November.20.2007 (see EXHIBIT (LOG NO.));

4.- For unknown reasons, On October.18.2007, the appeal's office decided to reject my staff complaints' grievance based on 'time constraints'. (see EXHIBIT(SC.FORM));

5.- On October.18.2007, plaintiff addressed a written notification to the appeal coordinator's office reminding him that my 602 grievance misconduct's appeal claim was filed timely & requested that my claim to be re-instated, (see EXHIBIT (LETTER/10/18/07));

6.- On October 23, 2007, plaintiff re-addressed his claim to the appeal's office by directing the appeal's coordinator to the 'Title 15 s.3391(b)': "Any alleged misconduct shall be filed within twelve month." However, I am entitled to have my grievance appeal's to be processed according to the 'Prison Litigation Reform Act', should your office continue to reject my staff complaint's claim, therefore, plaintiff's claim will meet the Federal Courts' standard of exhaustion of state remedies under '42 USC 1983' guidelines. (see EXHIBIT (LETTER(10/23/07));

7.- On November 14th, 2007, I was interviewed by Ms.KATHLEEN M. WALL (Director Of Nursing) & Mr.BYRNE (SRN I) in regards to my staff complaint's grievance (Log No.SVSP-A-07-04394). Ms.Wall & Mr.Byrne took notes during

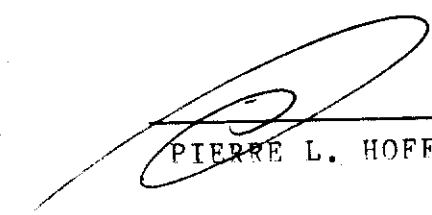
1 the interview & said: "that they will swiftly investigate  
2 this matter & present their findings before the due date  
3 of November.20.2008 .(sic).

4 8.- As of today, the appeal coordinator's created a  
5 barrage by rejecting plaintiff's staff complaint claim  
6 based on 'time constraints,' knowing that plaintiff did  
7 not violate 'Title 15 s.3391(b)', but it was deliberately  
8 done in order to deprive plaintiff of his fundamental  
9 personal rights. Moreover, the appeal's coordinator acted  
10 with deliberate indifference to stifle plaintiff's staff  
11 complaint of unconstitutional deprivation within the meaning  
12 of 42 U.S.C.s.1983. (see EXHIBIT (TRACKING));

13 9.- The appeal's coordinator was adamant not to process  
14 my staff complaint's grievance after finding that the  
15 contents of plaintiff's grievance contains unlawful  
16 deliberate acts of retaliation committed by Dr.JOHN KASAWA  
17 & RN DAN JEANS & supported by exhibits;

18 10.- Based on the above mentioned sequence of events,  
19 plaintiff gave an ample opportunity to the appeal's  
20 coordinator to reconsider plaintiff's staff complaint in  
21 order to exhaust his administrative remedies through the  
22 four appeal stages, but 'to no avail'. In Conclusion,  
23 Plaintiff is entitled to proceed forward with his civil  
24 rights claim under (42 U.S.C.s.1983).

25 I declare under penalty of perjury that the foregoing  
26 is true & correct. Executed this 15th day of March, 2008,  
27 at Soledad, California.

28   
PIERRE L. HOFFMAN

29 ///

30 ///

31 ///

PROOF OF SERVICE BY MAIL  
(C.C.P. §§1013 (A); 2015.5 & U.S.C. §1746)

I, PIERRE LEBON HOFFMAN am a citizen of the state of  
California, County Of MONTEREY over the age of eighteen years,  
and a party to the within cause. My address is:

P-22734, P.O.Box 1050, SVSP, SOLEDAD CALIFORNIA.

On March.15th, 2008 I served the original and/or true  
reproductions thereof of the following documents:

1.- DECLARATION OF PLAINTIFF PIERRE LEBON HOFFMAN

IN SUPPORT OF HIS STAFF COMPLAINT THAT WAS FILED

TIMELY, PURSUANT TO TITLE 15 s.3391(b) BUT REJECTED

BY THE APPEAL COORDINATOR'S OFFICE.

By mailing them to:

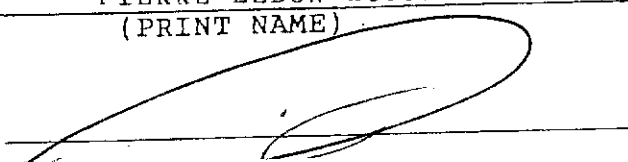
CLERK, U.S.DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CA.  
450 GOLDEN GATE AVE.,  
BOX:36060

Said service was executed by placing said documents enclosed in a  
sealed envelope(s) with postage thereon fully prepaid, and deposi-  
ting them in the United States Mail. At the time of the mailing  
there existed normal mailing service between the above parties.

I declare under the penalty of perjury, under the laws of the  
State of California that the foregoing is true and correct.

Executed on this 15th day of March, 2008,  
California

PIERRE LEBON HOFFMAN  
(PRINT NAME)





TO: COIL - APPEALS COORDINATOR  
FROM: I/M HOFFMAN 2-22724 15-113  
DATE: OCTOBER.23.2007  
LOG NO.: SVSP-A-07-04304  
SUBJECT: TITLE 15 SEC.3201 EMPLOYEE CONDUCT...

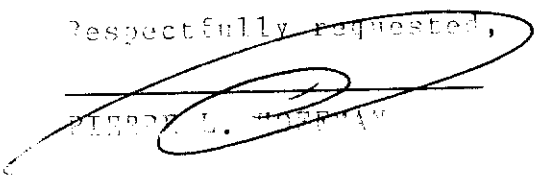
Dear Sir/Madam,

Pursuant to Title 15 section 3201(b), any citizen complaints alleging misconduct shall be filed within twelve month of the alleged misconduct. The misconduct occurred on September.17.2007. That means the due date to file my grievance will be September.17.2008.

Therefore, I am entitled to have my grievance appeal of misconduct against MR.LEE, MR.KAGAWA & MR.D.JAMES to be processed.

Should you refuse to process my citizen complaint, according to the 'Prison Litigation Reform Act', I should inform you that you have exhausted my state remedies & my grievance will therefore meet the Federal Courts' standard of exhaustion of state remedies under 42 USC 1993 guidelines.

Respectfully requested,

  
PIERRE L. HOFFMAN

cc

(EXHIBIT (TRACKING))...

12/21/2007

Salinas Valley State Prison

CALIFORNIA DEPARTMENT OF CORRECTIONS  
Inmate/Parolee Appeals Tracking System - Level I & II

Appeal Listing

Sorted By: CDC Number

CDC Number	Appellant Name	Area Of Origin		Issue	Log Number	Group Appeal
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	05/11/2007 ADA	SVSP-A-07-01454 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	04/25/2007 PROGRAM	SVSP-A-07-01689 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	05/25/2007 STAFF COMPLAINTS	SVSP-A-07-02560 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	07/26/2007	GRANTED IN PART	
	Level II Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	08/14/2007	GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	LIVING CONDITIONS 06/29/2007	SVSP-A-07-02606 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	ADA 07/05/2007	SVSP-A-07-02652 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	ADA 08/06/2007	SVSP-A-07-03359 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	STAFF COMPLAINTS 11/05/2007	SVSP-A-07-04036 GRANTED IN PART	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	ADA 10/12/2007	SVSP-A-07-04090 DENIED	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	ADA 09/24/2007	SVSP-A-07-04197 SCREENED OUT	
	Level I Review:	Received:	Due:	Completed:	Disposition:	
P22734	HOFFMAN, P		FAC. A 5	STAFF COMPLAINTS 11/30/2007	SVSP-A-07-05196 GRANTED IN PART	